

Competing interests: The National Childbirth Trust, where MN is head of policy research, is a campaigning charity committed to increasing the proportion of straightforward vaginal births.

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## Memorable patients

### Zambia needs basic medicines and HIV education

About 500 km along the Great East Road from Lusaka, in Zambia, lies a mission hospital. This hospital serves a population of almost 200 000 subsistence farmers—a population devastated by AIDS.

Mabvuto is 25 years old and is dying on the male medical ward of this hospital. He is cachectic and weak. He has chronic diarrhoea and cough. Oesophageal candidiasis makes swallowing painful. He had one child who died last year at the age of 2 years. He is HIV positive. He has been abandoned and stigmatised by his own family. His bewildered wife is on the point of despair. She cannot understand what has happened to her husband. His family believes it is the work of witchcraft—mediated by the wife. They think that through witchcraft she is responsible for her own child's death and her husband's illness. Returning to the village will be hard for her after his death. We teach about HIV causing the illness, but many find this hard to understand.

Mabvuto is lucky. At the hospital we currently have good stocks of vitamins, antidiarrhoeals, haematinics, and antifungals. However, demand for these basic drugs in our hospital often exceeds the supply. In addition, for every patient like Mabvuto in hospital there will be numerous in the surrounding villages whom we never see because they cannot afford the cost of transport.

Mabvuto is indeed lucky as we can also check his sputum for tuberculosis and do chest radiography. We have a good supply of tuberculosis drugs, which are given free of charge. Elsewhere in Zambia this is all too frequently not the case. Many Zambians start tuberculosis treatment but then default because the free drugs run out.

Recently, there has been much discussion about the provision of affordable antiretroviral drugs for Africa. I hope that one day

this goal will be realised, but not before many other goals have been achieved.

Mabvuto, and the hundreds like him who pass through our hospital each year, need far more basic drugs than antiretrovirals. Patients like Mabvuto present only when they are in the end stage of disease. Zambia can in no way afford to give all of these people with AIDS related complex simple measures such as multivitamins, minerals, loperamide, antihelminthics, iron, folic acid, and nystatin—and certainly not prophylaxis against tuberculosis and *Pneumocystis carinii* pneumonia.

Zambia's population needs to be educated about HIV and AIDS and how HIV spreads. They do not need to hear about "cures" from the industrialised world that they cannot afford. For viral load testing, CD4 counts, and even liver function tests the patients from this region need to travel 500 km to the capital, Lusaka. The cheapest bus fare is roughly equivalent to a nurse's weekly wage. However, zidovudine can be bought in a private chemist in the local town (80 km away). Currently only very wealthy patients can afford even a few weeks of this drug. This is how some patients spend all of their meagre savings in the few weeks before they die. If the population is not educated about HIV, and antiretroviral drugs are made cheaper in Zambia, then a greater proportion of the young adults dying from AIDS related diseases will have no money to leave their families after they have died.

Mabvuto and numerous other memorable patients like him needed education and very basic medicines before they need these very expensive drugs made just about affordable.

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